

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

Ohio State Medical Association Political Action Committee

ADDRESS (number and street)

3401 Mill Run Dr

Check if different
than previously
reported. (ACC)

Hilliard

OH

43026

9078

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00003327

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

1 1

0 4

2 0 0 8

in the
State of

OH

(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 0 8

through

1 0

1 5

2 0 0 8

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Timothy I. Maglione

Signature of Treasurer

Electronically Filed by Timothy I. Maglione

Date

1 0

2 1

2 0 0 8

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008		217407.94
(b) Cash on Hand at Beginning of Reporting Period	63541.26	
(c) Total Receipts (from Line 19)	7020.00	121580.19
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	70561.26	338988.13
7. Total Disbursements (from Line 31)	18510.00	286936.87
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52051.26	52051.26
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Ohio State Medical Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5650.00	61346.13
(i) Itemized (use Schedule A)	1370.00	54517.45
(ii) Unitemized	7020.00	115863.58
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	7020.00	115863.58
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	5716.61
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	7020.00	121580.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	7020.00	121580.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	600.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	600.65
22. Transfers to Affiliated/Other Party Committees.....	2510.00	29680.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	727.42
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	16000.00	255928.80
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	18510.00	286936.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18510.00	286936.87

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	7020.00	115863.58
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7020.00	115863.58
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	600.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	600.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Robert Alan Little

Mailing Address 25 Blackford Dr

City

Springboro

State

OH

Zip Code

45066-9454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oak Creek OB/GYN Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: T27036

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. James Gordon Ravin

Mailing Address 4545 Crossfields Rd

City

Toledo

State

OH

Zip Code

43623-2627

FEC ID number of contributing
federal political committee.

C

Name of Employer
TLC Eye Care And Laser Ce-
nter

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: T27027

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. John Mark Shie

Mailing Address 5516 Brampton Rd

City

Dayton

State

OH

Zip Code

45429-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Far Hills OB/GYN Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 1 / 2 0 0 8

Transaction ID: T27037

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kuddy Thamby Sinnathamby

Mailing Address 1332 Neva Dr

City

Dayton

State

OH

Zip Code

45414-5425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kuddythamby Sinnathamby
MD Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: T27097

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Kevin Gerard Wietecha

Mailing Address 4943 Blakemore Trl NW

City

Canton

State

OH

Zip Code

44718-1640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northeast Ohio Endocrinol-
ogy

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: T27104

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. David Miles Novick

Mailing Address 28 Thruston Blvd W

City

Dayton

State

OH

Zip Code

45419-3330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Digestive Specialists Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: T27101

Amount of Each Receipt this Period

100.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas George Padanilam

Mailing Address 528 Forest Lake Dr

City

Holland

State

OH

Zip Code

43528-9028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Toledo Orthopaedic Surgeons

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 8

Transaction ID: T27098

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

B.

Full Name (Last, First, Middle Initial)

Dr. David Edward Subler

Mailing Address 6580 Plesenton Dr

City

Worthington

State

OH

Zip Code

43085-2931

FEC ID number of contributing
federal political committee.

C

Name of Employer
Licking Memorial Hospital

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 0 8

Transaction ID: T27204

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Lee David Shaftel

Mailing Address 9232 Village Green Dr

City

Cincinnati

State

OH

Zip Code

45242-7539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freiberg Orthopaedics & Sports Medicine

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27229

Amount of Each Receipt this Period

250.00

A Contribution to the Federal PAC

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Walter Anthony Reiling, Jr.

Mailing Address 1431 Ridgefield Way

City

Centerville

State

OH

Zip Code

45459-4939

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gem City Surgical Associa-
tes Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27235

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Paul Michael Richards

Mailing Address 2771 Chalford Cir NW

City

North Canton

State

OH

Zip Code

44720-8223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Anesthesia
Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27236

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas Dean Robinson

Mailing Address 2323 Carrington St NW

City

North Canton

State

OH

Zip Code

44720-8183

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atrium OB/GYN Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27233

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Andrew M Roth

Mailing Address 3544 Fawnrun Dr

City

Cincinnati

State

OH

Zip Code

45241-3832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Freiberg Orthopaedics &
Sports Medicine

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27228

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Nicholas Paul Mastros

Mailing Address 4151 County Rd 26

City

Steubenville

State

OH

Zip Code

43953-7104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Nicholas Mastros MD Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27244

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Marianne Smith McGrath

Mailing Address 3137 Brookwood Dr

City

Edgewood

State

KY

Zip Code

41017-3203

FEC ID number of contributing
federal political committee.

C

Name of Employer
McGrath Adolescent & Family Center

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27226

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. John Paul Anders

Mailing Address 4370 Bonnie Brook Rd

City

Toledo

State

OH

Zip Code

43615-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anders Dermatology Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27234

Amount of Each Receipt this Period

350.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Bruce C Corser

Mailing Address 1010 E Rookwood Dr

City

Cincinnati

State

OH

Zip Code

45208-3332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurological And Sleep Di-
sorders

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27225

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Katherine K Flouras

Mailing Address 1285 Spring Ridge Cir

City

Alliance

State

OH

Zip Code

44601-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Associates Of
Alliance LLC

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27242

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Patrick Gerard Kirk

Mailing Address 8405 Eustis Farm Ln

City

Cincinnati

State

OH

Zip Code

45243-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cincinnati Bone & Joint
Institute

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 9 / 2 0 0 8

Transaction ID: T27227

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

B.

Full Name (Last, First, Middle Initial)

Dr. Roger Matthew Schantz

Mailing Address 1096 Red Bird Rd

City

Loveland

State

OH

Zip Code

45140-7163

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anesthesia Group Practice
Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 1 / 2 0 0 8

Transaction ID: T27299

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

C.

Full Name (Last, First, Middle Initial)

Dr. Robert L Barker

Mailing Address 4460 Royal Ridge Way

City

Dayton

State

OH

Zip Code

45429-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Dayton Acute Care
Consultants Inc

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: T27318

Amount of Each Receipt this Period

500.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Kristin Colwell

Mailing Address 5424 Egypt Pike

City

Chillicothe

State

OH

Zip Code

45601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chillicothe OB/GYN

Occupation
Doctor

Receipt For: 2008

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 0 8

Transaction ID: T27358

Amount of Each Receipt this Period

250.00

A Contribution to the Fed-
eral PAC

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

5650.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 22

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
AMPAC certification

Candidate Name

008

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749589

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

510.00

B.

Full Name (Last, First, Middle Initial)

AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
AMPAC certification

Candidate Name

008

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1751256

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1200.00

C.

Full Name (Last, First, Middle Initial)

AMPAC

Mailing Address 25 Massachusetts Ave NW Ste 600

City Washington State DC Zip Code 20001-7400

Purpose of Disbursement
AMPAC certification

Candidate Name

008

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1751862

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)

2510.00

TOTAL This Period (last page this line number only)

2510.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 15 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Boose For State Representative

Mailing Address 5054 State Rte 601

City
Norwalk

State
OH

Zip Code
44857-9132

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749425

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Citizens For Hottinger

Mailing Address 2135 Horns Hill Rd

City
Newark

State
OH

Zip Code
43055-9614

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749405

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Citizens For Josh Mandel

Mailing Address 2112 Acacia Park Dr Apt 504

City
Cleveland

State
OH

Zip Code
44124-3851

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749408

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 16 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Kevin Bacon

Mailing Address 5325 Ponderosa Dr

City Columbus State OH Zip Code 43231-4033

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749407

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Citizens For Lehner

Mailing Address 533 Lockerbie Ln

City Dayton State OH Zip Code 45429-1636

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749423

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Citizens For McGregor

Mailing Address 5524 Old Columbus Rd

City Springfield State OH Zip Code 45502-8824

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749404

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Citizens For Sears

Mailing Address 6711 Monroe St Bldg 3 Ste D

City	State	Zip Code
Sylvania	OH	43560-1993

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2008
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: A1749414

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Citizens For Zehringer

Mailing Address 2191 Oak St

City	State	Zip Code
Maria Stein	OH	45860-9509

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2008
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: A1749413

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Committee To Elect Blessing

Mailing Address 3153 McGill Ln

City	State	Zip Code
Cincinnati	OH	45251-3111

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:	Disbursement For:
<input type="checkbox"/> House	2008
<input type="checkbox"/> Senate	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> President	<input type="checkbox"/> Other (specify) ▼

State: District:

Transaction ID: A1749411

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	8

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 18 / 22

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Committee To Elect Brad Lewis

Mailing Address 52 E Gay St

City Columbus State OH Zip Code 43215-3108

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749429

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
Committee To Elect Clayton R Luckie

Mailing Address 69 Horace St

City Dayton State OH Zip Code 45402-8313

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749434

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
Committee To Elect Cliff Hite

Mailing Address 2417 Westmoor Rd

City Findlay State OH Zip Code 45840-2847

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: A1749409

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 19 / 22

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends Of Kris Jordan

Mailing Address 161 Stonebend Dr

City
Powell

State
OH

Zip Code
43065-8314

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749422

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Shannon Jones

Mailing Address 800 Valley View Point

City
Springboro

State
OH

Zip Code
45066-9097

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749402

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Goodwin For Representative

Mailing Address 18 Miller Ave

City
Archbold

State
OH

Zip Code
43502-9482

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749427

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Mecklenborg For State Representative

Mailing Address 6648 Pownerfarm Dr

City Cincinnati State OH Zip Code 45248-2972

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749406

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Oelslager For Ohio Committee

Mailing Address Christine Holder Treasurer
6706 Cable Lake Ave NW

City Canton State OH Zip Code 44720

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749424

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

C. Full Name (Last, First, Middle Initial)
Troy Balderson For State Representative

Mailing Address 3760 Greenbriar Dr

City Zanesville State OH Zip Code 43701-6467

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2008 ☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749433

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee To Elect Joe Uecker

Mailing Address 298 Indianview Dr

City
Loveland

State
OH

Zip Code
45140-7528

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749410

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Daniels For State Representative

Mailing Address 440 North St

City
Greenfield

State
OH

Zip Code
45123-1338

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749428

Date of Disbursement

10 / 03 / 2008

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Committee To Elect Bob Hackett For State Representative

Mailing Address 2050 Palouse Dr

City
London

State
OH

Zip Code
43140-9019

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: A1749412

Date of Disbursement

10 / 06 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Ohio State Medical Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Citizens To Elect John Patrick Carney

Mailing Address 357 E Torrence Rd

City Columbus State OH Zip Code 43214-3837

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

001
Category/
Type

Transaction ID: A1750704

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
Friends Of Kevin Chartrand

Mailing Address 13221 Ravenna Rd Ste 5

City Chardon State OH Zip Code 44024-9016

Purpose of Disbursement
Campaign

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2008
☐ Primary ☒ General
☐ Other (specify) ▼

001
Category/
Type

Transaction ID: A1751860

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

16000.00